

Bronchiolitis Episode

Executive Summary

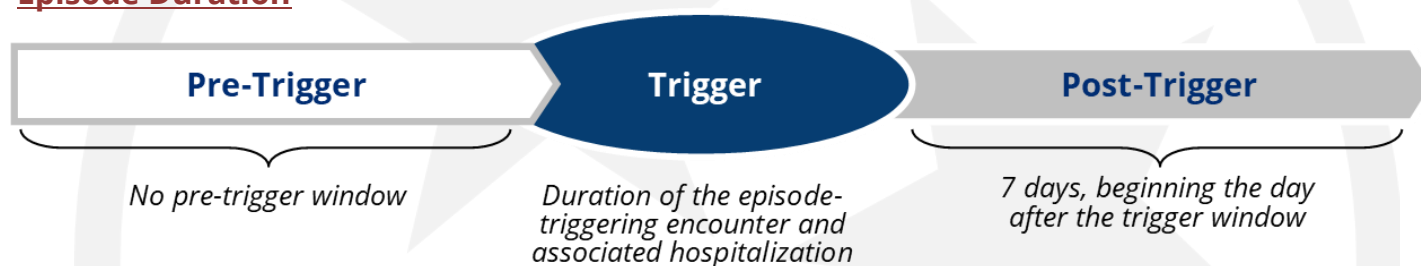
Episode Design

- **Trigger:** bronchiolitis diagnosis or treatment
- **Quarterback type:** facility (bronchiolitis diagnosis site)
- **Care included:** all bronchiolitis-related care including imaging and testing, medical procedures, and medications

Sources of Value

- Appropriate use of imaging and testing
- Appropriate site of care
- Appropriate choice of therapy (e.g., fluid management, respiratory support, other supportive care)
- Appropriate length of stay for admitted patients
- Appropriate follow-up care
- Appropriate post-discharge setting
- Adherence to an appropriate vaccination schedule
- Reduction of complications and readmissions

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Related admission during the post-trigger window (lower rate is better)
- Utilization of bronchodilators (lower rate is better)
- Utilization of steroids (lower rate is better)

Informational Only

- Utilization of antibiotics
- Admission during the trigger window
- Utilization of chest physical therapy (PT)
- Utilization of blood or sputum cultures
- Utilization of respiratory viral testing
- Utilization of chest x-ray

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., acute respiratory distress syndrome, bronchiectasis, bronchiolitis obliterans, chronic obstructive pulmonary disease, congenital heart disease, cystic fibrosis, empyema, end stage renal disease, excluded infections, extracorporeal membrane oxygenation, history of < 34 weeks gestational age, idiopathic hemosiderosis, immotile cilia syndrome, immunodeficiency, interstitial pulmonary diseases, neuromuscular disease, pulmonary hemorrhage, pulmonary vascular disease, severe sepsis or septic shock, active cancer management, DCS custody)
- Patient exclusions: age (less than 7 months or greater than 17 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.